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Attorney Docket Number

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DECLARATION DES	SIGN		First Named Inventor	1100							
PATENT AF		N F	Hal D. Lilley COMPLETE IF KNOWN								
	R 1.63)		Application Number								
Declaration	Declaration Submitted Filing (sur	tion ·	Filing Date	 							
Submitted OR With Initial		ed after Initial	Art Unit								
Filing		R 1.16 (e))	Examiner Name		<i>)</i>						
	required										
i hereby declare that:											
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.											
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
Hal D. Lilley											
8323 Ox Bow Road											
North East, PA 16428											
USA											
(Title of the Invention)											
the specification of which											
X is attached hereto Anti Hijacking Fail-safe System with Alert Locator											
Tracking Capabilities OR											
was filed on (MM/DD/YYYY) as United States Application Number or PCT International											
was nied on (wiles pp) i	, , , , , , , , , , , , , , , , , , ,		as Officed States Ap	phication Number of P	Ci international						
Application Number		and was amended	on (MM/DD/YYYY)	·	(if applicable).						
	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as										
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[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number: OR X Correspondence address below											
Name .											
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Address											
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North East				Pennsylvania			nia		16428		
Country	ountry Telephone			Fax							
United States	814-725-	814-725-6459			81	814-725-0579					
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NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor											
Given Name					F	amily	Name				
(first and middle [if any]) Hal Dwayne					٥	or Surname Lilley					
Inventor's Date								Date			
Signature	S///								1/30/04		
Residence: City	State				Country			Citize	Citizenship		
North East	Pennsylvania			United States US				US			
Mailing Address											
8323 Ox Bow Roa	d										
City	State			ZIP				Country			
North East	Pennsylvania				16428				United States		
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor											
Given Name					Family Name						
(first and middle [if any])					or	Surna	me				
Inventor's Signature									Date		
Residence: City	State	· · · · · · · · · · · · · · · · · · ·		Cour	ntry			Citize	nship		
Mailing Address											
City	State			ZIP			Country				
Additional inventors or a legal representative are being named on thesupplemental sheet(s) PTO/SB/02A or 02LR attached hereto.											